Department of Social Services

Agency's Mission Statement: Strengthening and supporting individuals and families by promoting cost effective and comprehensive services in connection with our partners that foster independent and healthy families.

Below are the goals, activities, and measures for the agency. Goals, activities, and measures need to be developed by the agency, in consultation with the Governor's Office, and agreed to by the Legislature (Government Operations and Audit Committee).

Goal 1: Ensure access to services for our customers.									
	Performance Measures								
	Trend	Status	Actual	Target	FY17	FY18	FY19	FY20
Objective A: Enhance opportunities to access services.									
Identify and develop integrated opportunities to access services and supports within the Department.									
Maximize federal policy change related to 100% Medicaid FMAP for American Indians and reinvest savings into the Medicaid program.									
i. Care Coordination Savings from Federal Medical Assistance Percentage (FMAP) Savings Report. 100% of savings have been reinvested in the Medicaid program. Majority of funds invested in provider rate increases.			$ 9,292,242	$ 11,339,484	$ -	$ 4,620,668	$ 8,411,817	$ 9,292,242
ii. Number of enhanced Community Health Worker, additional Behavioral Health, and Substance Use Disorder treatment providers that have enrolled in Medicaid.			122	100	-	-	70	122
iii. Total number of recipients who received Community Health Worker, Mental Health, or Substance Use Disorder services.			1,071	1,000	-	-	230	1,071
Increase the use of technology in providing access to information and services.									
Pilot telehealth sites to support and enhance access to services.									
i. Increase utilization of mental health telehealth services by 5% over FY 2016 baseline measurement of 758.			4,694	795	782	731	834	4,694
ii. Increase utilization of substance use disorder telehealth services by 5% over FY 2019 baseline measurement of 265.			1,079	265	-	-	252	1,079
iii. Telehealth claims in Medicaid increased from baseline of 271 in July 2019 to 7,705 in June 2020.			7,705	542	-	-	271	7,705
Implement a customer web portal for recipients and providers of Medicaid.									
i. Number of individuals with Primary Care Provider (PCP) or Health Home (HH) selection web forms submitted by Medicaid recipients.			3,602	3,250	-	-	-	3,602
ii. Number of Medicaid providers utilizing the portal to submit, view, and modify claims.			7,558	5,000	-	-	6,439	7,558
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	Performance Measures							
	Trend	Status	Actual	Target	FY17	FY18	FY19	FY20
Enhance the Department's website and develop relevant decision support tools that better assist customers in accessing appropriate services.								
i. The DSS website and intranet has been redesigned, adopting a clean, simple, and modern style.	—		-	-	-	-	-	
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Implement Digital foster adoptive family training statewide to improve access for prospective foster adoptive parents.								
i. Number of newly licensed foster families.			238	207	192	194	204	238
Enhance transparency by making information available to parents and consumers more accessible.								
i. Placed child care, behavioral health, and child protection licensing and accreditation reports and related information online.	—		-	-	-	-	-	
Access to Healthcare.								
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey by the Centers for Medicare and Medicaid Services indicates SD exceeds the national average for children across two key measures of access. SD meets or exceeds the national average for adults across three key measures of access.								
i. Adults got urgent care for illness, injury or condition as soon as needed.			90%	84%	-	-	82%	90%
ii. Children got urgent care for illness, injury or condition as soon as needed.			95%	91%	-	90%	92%	95%
iii. Adults got routine appointment at doctor's office or clinic as soon as needed.			78%	79%	-	-	75%	78%
iv. Children got routine appointment at doctor's office or clinic as soon as needed.			90%	88%	-	88%	90%	90%
v. Easy for adults to get needed care, tests, or treatment.			83%	82%	-	-	81%	83%
vi. Easy for children to get needed care, tests, or treatment.			86%	90%	-	87%	90%	86%
vii. Adults got appointments with specialists as soon as needed.			79%	79%	-	-	81%	79%
viii. Children got appointments with specialists as soon as needed.			77%	80%	-	87%	83%	77%

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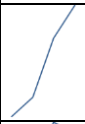
	Performance Measures							
	Trend	Status	Actual	Target	FY17	FY18	FY19	FY20
Objective B: Services and programs are needs driven, customer responsive and culturally relevant.								
Implement Dialectical Behavior Therapy (DBT) with fidelity to the evidence-based model.								
i. Provide annual trainings and consultations to support clinicians and supervisor competency and skills in the evidence-based curriculums. Number of trainings funded by DBH.			4	4	3	4	6	4
ii. Maintain or increase the number of total teams trained to provide DBT services in the community, HSC, and correctional behavioral health settings. Total number of DBT teams trained.			15	8	8	11	15	15
iii. Maintain or increase the total number of individuals trained in the state to provide DBT services to publicly funded individuals. Number of individuals trained each year.			101	101	102	133	224	101
iv. Maintain the number of individuals trained at HSC to provide DBT services. Number of individuals trained each year.			18	18	32	36	29	18
Implement evidence-based model for individuals with methamphetamine substance use disorders in need of intensive-long-term treatment services.								
i. Increase utilization of Intensive Methamphetamine Treatment Services for individuals with a methamphetamine use disorder. Number of clients served in IMT services.			389	250	152	143	250	389
ii. Provide trainings and consultations to support clinicians and supervisor competency and skills in the evidence-based curriculums. Number of training opportunities and consultations provided.			17	2	-	3	12	17
iii. Monitor the percentage of clients served that report they have the motivation to not use substances at discharge.			88%	84%	81%	74%	92%	88%
iv. Monitor the percentage of clients served that report they have the ability to control their substance use at discharge.			94%	96%	92%	96%	100%	94%
Support Community Behavioral Health Centers implementing and/or utilizing Zero Suicide approach.								
i. Provide trainings to support clinician competency and skills in the evidence-based curriculum.			9	9	10	10	10	9
ii. Maintain or increase the number of agencies implementing Zero Suicide approach. Total number of agencies implementing the Zero Suicide approach.			21	15	15	17	20	21
Agency comments regarding the accomplishment of Goal 1:								

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Goal 2. Promote and support the health, wellbeing and safety of our customers.	Performance Measures							
	Trend	Status	Actual	Target	FY17	FY18	FY19	FY20
Objective A: Reduce risk factors and enhance protective capacities.								
Implement Screening, Brief Intervention and Referral for Treatment (SBIRT) model in targeted primary care clinics across the state and monitor effectiveness of the model.								
i. Maintain or increase the number of primary care clinics implementing the SBIRT process.			6	2	2	4	6	6
ii. Increase the number of individuals screened at primary clinics. Number of individuals screened.			12,462	11,775	425	6,036	11,775	12,462
Collaborate with DOH and other key stakeholders to develop a statewide strategic plan to focus on addressing Opioid use/misuse in South Dakota that includes training in the areas of prevention and evidence-based treatment models.								
i. DBH provides prevention trainings to support competency and skills in addressing Opioid use/misuse.			7	2	-	2	2	7
ii. DBH provides trainings to support competency and skills in evidence-based curriculums such as Medication Assisted Training (MAT). FY 2017 is a partial year.			5	5	-	1	6	5
iii. Number of Medicaid recipients taking >90 Morphine Equivalent Doses (MEDs) of Opioids (June 30 of each SFY). Cancer patients excluded. Indian Health Service (IHS) data was added Q1 of 2020.			209	0	-	273	255	209
iv. Percent decrease of Opioid utilizing Medicaid members with 3+ pharmacies (poly-pharmacy shoppers). IHS data was added Q1 of 2020.			-9%	-5%	-	-	-	-9%
Implement instate comprehensive child care provider background checks.								
i. Number of in state child care provider background checks. Data in FY 2017 is a partial year, March 31, 2017 to June 30, 2017.			7,771	7,771	5,766	7,252	8,659	7,771
Identify and implement strategies to notify program recipients of Medical, SNAP and TANF about wellness/prevention tips.								
i. SDSU Extension (contracted partner through SNAP-Ed) in a joint effort with Nebraska Extension developed and implement a web-based learning platform for nutrition education and food budgeting. Initial implementation is to pilot the program with 60 families from the Standing Rock Reservation and Cheyenne River Reservation.			-	-	-	-	-	

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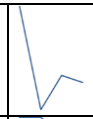
	Performance Measures							
	Trend	Status	Actual	Target	FY17	FY18	FY19	FY20
Objective B: Protect individuals from abuse, neglect and exploitation.								
Permanency and Safety for Children								
Child Protection Services' goal is to reunify families whenever possible.								
i. Results: Of children reunited, 75% were reunited within 12 months of removal during SFY 2020. When that is not possible, we work to establish guardianship or adoption to divert from foster care placement.			75%	70%	77%	74%	75%	75%
ii. During FFY 2019, 94% of caseworker visits happened where the child resides - exceeding the federal requirement of 50% by 44%.			94%	80%	96%	96%	95%	94%
Objective C: Provide effective services to individuals who have been abused, neglected and exploited.								
Implement Permanency Round Tables statewide to expedite permanency for children in placement.								
i. Implemented Permanency Round Tables in 5 of the 7 regions to expedite permanency for children in placement.			5	7	-	-	-	5
Permanency Discharge Outcomes.								
i. Reunification.			617	642	510	672	612	617
ii. Adoption.			226	187	178	196	210	226
iii. Guardianship.			146	146	117	104	125	146
Agency comments regarding the accomplishment of Goal 2:								

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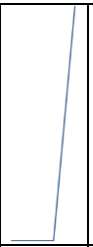
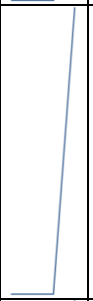
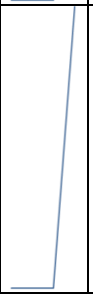
Goal 3. Foster partnerships to maximize resources for our customers.

	Performance Measures							
	Trend	Status	Actual	Target	FY17	FY18	FY19	FY20
Objective A: Encourage and support partnerships to provide cost effective services.								
Implementation of Prenatal/Primary Care Innovation Grants.								
i. Avera helps pregnant women in South Dakota diagnosed with gestational diabetes by providing remote blood sugar monitoring, specialized test strips and video visits with a diabetic educator. Goal is to improve access to OB care and treatment of gestational diabetes; reduce the number of c-sections, birth complications, and infant/mother mortality; and increase rates of healthy birth weight babies and the number of babies who are delivered at full term. Between January - July 2020 Avera supported 49 women.			49	20	-	-	-	49
ii. Native Women's Health Care helps patients by linking primary and prenatal services to behavioral health services leveraging a comprehensive care team including primary care, behavioral health, and community health workers. Goal is to improve adherence rates for SUD treatment; increase screening, preventive, and primary/prenatal care; increase the number of qualified behavioral health staff; and increase the number of women who are accessing prenatal services, wellness checks, and behavioral health services. Between January - July 2020 Native Women's Health Care served three women.			3	20	-	-	-	3
iii. Center for Family Medicine provides patients with a birth center/pregnancy health home approach to provide a full array of prenatal and postnatal care. This project will also train family medicine resident physicians in innovative, evidence-based prenatal care models. Goal is to improve screening services for those with increased risk for gestational diabetes and preeclampsia; and decrease rates of prenatal hospitalization and c-section, pre-term delivery, NICU stays, and other complications. Between January - July 2020 Center for Family Medicine has supported 36 women.			36	20	-	-	-	36

Agency comments regarding the accomplishment of Goal 3:

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Goal 4. Support customers in achieving meaningful outcomes.	Performance Measures							
	Trend	Status	Actual	Target	FY17	FY18	FY19	FY20
Objective A: Ensure the Department helps individuals and families achieve meaningful outcomes.								
Connections to Work.								
i. For participants who must meet work requirements for Supplemental Nutrition Assistance (SNAP), percentage employed 30 days after starting job, the majority full-time.			94%	94%	93%	93%	92%	94%
ii. For participants who much meet work requirements for Temporary Assistance for Needy Families (TANF), percentage employed 30 days after starting job, the majority full-time.			85%	89%	89%	88%	85%	85%
iii. Community Based Adult Mental Health Services - Percentage of clients who reported employment compared to national average (target).			25%	22%	26%	24%	24%	25%
iv. Community Based Adult Substance Use Disorder Treatment Services - Percentage of clients who reported employment at discharge compared to national average (target).			27%	19%	34%	32%	29%	27%
Caring for People in the Most Cost Effective Manner.								
About 6,000 Medicaid recipients with high-cost chronic conditions and risk factors participate in the Health Home program. The goal of the program is to improve health outcomes and avoid high-cost care and includes incentive-based payments to high performing providers. Most recent results show the program has reached our target for participants with a person-centered care plan and is above the target for participants who visited a primary care provider (PCP) in the last six months. The program led to $8.0 million in net cost avoidance in CY 2019, primarily due to a reduction in avoidable inpatient admissions and emergency department visits.								
i. Health Home Program - Net cost avoidance in millions primarily due to a reduction in avoidable inpatient admissions and emergency department visits.			$8.0	$7.5	$5.6	$7.7	$7.3	$8.0
ii. Health Home recipients with an active person-centered care plan.			75%	70%	65%	63%	73%	75%
iii. Health Home recipients who visited a primary care provider in last six months.			80%	80%	87%	85%	80%	80%
iv. Percent reduction in emergency room visits due to Health Homes.			-16%	-16%	-25%	-8%	-23%	-16%
v. Percent reduction in inpatient admissions due to Health Homes.			-35%	-19%	-20%	-12%	-16%	-35%

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	Performance Measures							
	Trend	Status	Actual	Target	FY17	FY18	FY19	FY20
Money Follows the Person - Implemented in 2014. Provides funding and supports to transition individuals from nursing home or other institutional settings back to their homes and communities.								
i. Number of individuals who transitioned from nursing home or other institutional settings back to their homes and communities.			-	35	45	34	22	-
ii. Number of individuals remaining in the community - 365 days later.			-	19	40	30	21	-
Geriatric Psychiatric Treatment - Clinicians from the Human Services Center provided psychiatric review and consultation services for 19 individuals.								
i. Percentage of individuals who did not require admission to HSC due to psychiatric review and consultation services provided by clinicians from the Humans Services Center.			84%	80%	73%	82%	82%	84%
Develop a process to identify, utilize and share key behavioral data with stakeholders.								
i. Maintain or improve the percentage of HSC patients who had an opportunity to talk with his/her doctor or therapist from the community prior to discharge.			58%	62%	56%	60%	62%	58%
ii. Maintain or improve the percentage of HSC patients who reported participating in their planning discharge.			78%	79%	74%	79%	75%	78%
iii. Maintain or improve the percentage of HSC patients who reported both they and their doctor or therapist from the community were actively involved in their hospital treatment plan.			70%	70%	65%	68%	59%	70%
Community Based Adult Mental Health Services. Providing counseling, psychiatric treatment and case management services to individuals, decreasing reliance on publicly funded services.								
i. CARE and IMPACT Outcome Measures: Percent reduction in the percentage of clients who visited an emergency room for a psychiatric or emotional problem six months after start of services.			-13%	-12%	-14%	-15%	-13%	-13%
ii. CARE and IMPACT Outcome Measures: Percent reduction in the percentage of clients who spent night in the hospital six months after start of services.			-14%	-12%	-9%	-17%	-17%	-14%
iii. CARE and IMPACT Outcome Measures: Percent reduction in the percentage of clients who reported spending at least one night in jail six months after start of services.			-15%	-11%	-14%	-15%	-15%	-15%
iv. CARE and IMPACT Outcome Measures: Percent reduction in the percentage of clients who reported one or more arrests in the past 30 days 6 months after start of services.			-7%	-5%	-10%	-5%	-5%	-7%

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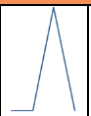
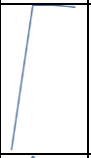
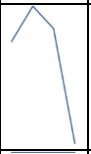
	Performance Measures							
	Trend	Status	Actual	Target	FY17	FY18	FY19	FY20
Community Based Substance Use Disorder Treatment Services - Providing outpatient, inpatient and low-intensity residential treatment services to individuals, decreasing reliance on publicly funded services.								
i. Percent discharged from substance use disorder treatment successfully.			74%	70%	69%	69%	72%	74%
ii. Percent of adult clients who reported the ability to control their substance use at discharge.			98%	98%	98%	98%	98%	98%
iii. Percent of adult clients who reported motivation to not use substances at discharge.			88%	85%	87%	79%	87%	88%
Program Integrity - National Awards - Nationally Recognized for Program Quality.								
i. **Medicaid:** Only state in the nation to receive continuous exemption since 2010 from recovery audit contractor requirements. Collected $8.7 million in third party liability, estate recovery and fraud collections.			$8.7	$9.0	$8.7	$8.7	$9.2	$8.7
ii. **SNAP:** Ranked #2 in the nation for payment accuracy in FFY 2019. Over 30 years of continuous program recognition for high performance related to accuracy in determining eligibility, denials or suspensions of benefits, and timeliness of approvals. Payment accuracy percentage.			97.59%	98%	-	98.79%	98.96%	97.59%
iii. **SNAP:** Ranked #1 in the nation for case/procedural error rate. Over 30 years of continuous program recognition for high performance related to accuracy in determining eligibility, denials or suspensions of benefits, and timeliness of approvals. Case/procedural accuracy percentage.			94.96%	98%	97.5%	98.38%	97.82%	94.96%
iv. **Child Support:** $128 million in collections in SFY 2020 for 57,528 cases. Ranked in the top nine nationally for the last 15 years. As a result, the program earned financial program awards for top performance each year. Percent of current child support collected.			64%	64%	64%	64%	64%	64%
v. **Child Support:** Collections in millions.			$128	$117	$115	$115	$116	$128
vi. **Child Support:** Number of child support cases.			57,528	59,500	60,000	60,266	59,205	57,528
vii. **Child Support:** Administrative costs.			$10.46/$1	$10.46/$1	$11.00/$1	$10.42/$1	$10.24/$1	$10.46/$1
viii. **Child Care:** Percent of payment accuracy compared to national average of 96%.			99%	96%	96%	99%	99%	99%
Agency comments regarding the accomplishment of Goal 4:								

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Goal 5. Strengthen and align our team to accomplish our mission.	Performance Measures							
	Trend	Status	Actual	Target	FY17	FY18	FY19	FY20
Objective A: Enhance recruitment and retention efforts that results in a workforce that possesses the values and competencies necessary to accomplish the Department's mission.								
Employee engagement survey results.								
i. Percent of DSS employees engaged compared to the statewide average of 75%.			-	75%	85%	-	75%	-
DSS turnover compared to statewide average.								
i. DSS turnover compared to the statewide turnover of 13.1%.			14.6%	13.1%	16.8%	18.6%	19.0%	14.6%
Number of interns that became CPS employees.								
i. CPS currently has 44 staff employed who were previously interns.			7	7	6	10	5	7
Agency comments regarding the accomplishment of Goal 5:								

Status Indicator:

- = Green - the historical trend line indicates improved performance and the target has been met.
- = Yellow - the historical trend line indicates improved performance, but the target has not been met.
- = Red - the historical trend line does not indicate improved performance and the target has not been met.
- \- Indicates metric not available due to implementation dates or availability of data (SFY, FFY vs CY).